

COUNTY OF SANTA CLARA – AMENDMENT TO SERVICE AGREEMENT**This is an amendment to an existing Agreement**

Purchase Order Number:	Amendment Number:	1	Effective Date (Will be the date executed by Authorized County Representative):
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Maximum Financial Obligation (Prior to this Amendment):	\$ 502,839.00	Amended Maximum Financial Obligation (If dollar amount is changing):	\$
Current Agreement End Date:	09/30/2024	New Agreement End Date:	09/30/2024

For County Use Only – SAP

	Account Assignment	Plant Number	General Ledger (Expense Code)	Cost Center (Dept Code)	Amount	WBS (Capital Project Code)	Internal Order (“PCA” code – optional)
Line 1	H	0202	5255500	3848	\$0.01		GB202VSG00
Line 2	Select						
Line 3	Select						
Line 4	Select						
Line 5	Select						

Approved: 06/28/2022

Parties to Agreement

Legal notices and invoices pertaining to this Agreement shall be sent to the appropriate contact person listed below. Notices shall be in writing and served either by personal delivery or sent by certified or registered mail, postage prepaid, addressed as follows. Notice shall be deemed effective on the date that the notice is personally delivered or, if mailed, three (3) days after deposit in the mail. Either party may designate a different person and/or address for the receipt of notices by sending written notice to the other party, which shall not require an amendment to this Agreement.

Contractor

Contractor Name (As Displayed In SAP):	DreamPower Horsemanship
Contact Person:	Martha McNeil, Director
Street Address *:	7460 Crews Road
City, State, Zip *:	Gilroy, CA 95020
Telephone Number *:	408-686-0535
Email Address *:	dreampowerhorsemanship@hotmail.com
SCC Vendor Number (As Assigned In SAP):	1019101

* To be completed for Independent Contractors Only – DO NOT COMPLETE FOR DEPENDENT CONTRACTORS

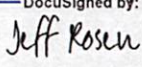
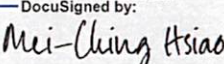
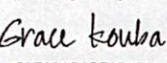



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County of Santa Clara		
Agency / Department:	Office of the District Attorney	Department Number: 0202
Program Manager or Contract Monitor Name:	James Gibbons-Shapiro, Assistant District Attorney	
Street Address:	70 West Hedding Street, West Wing	
City, State, Zip:	San Jose, CA 95110	
Telephone Number:	408-792-2985	
Fiscal Contact (Accounts Payable Contact):	Mei-Ching Hsiao	
Contract Preparer:	Sandra Gamino	

Signatures

Amendment is not valid until signed by Contractor, County Counsel and the County Authorized Representative. The Agreement as amended constitutes the entire agreement of the parties concerning the subject matter herein and supersedes all prior oral and written agreements, representations and understandings concerning such subject matter. By signing below, signatory warrants and represents that he/she executed this Amendment in his/her authorized capacity, that he/she has the authority to bind the entity listed below to contractual obligations and that by his/her signature on this Amendment, the entity on behalf of which he/she acted, executed this Amendment.

Agency/Department Manager:	 <small>DocuSigned by: F707F5FC08004AB...</small>	Date:	6/6/2022
Agency/Department Fiscal Officer:	 <small>DocuSigned by: 04B390D139AC423...</small>	Date:	6/6/2022
County Counsel Approval as to Form and Legality: <i>(Signature required on all contracts before execution by Contractor or County Authorized Representative)</i>	 <small>DocuSigned by: 53E88AB0D79D475...</small>	Date:	6/6/2022
Contractor:	 <small>DocuSigned by: 0CB7743E364C44C...</small>	Date:	6/6/2022
County Authorized Representative: Procurement Department ; President, Board of Supervisors; or Delegated Authority	 MIKE WASSERMAN	Date:	JUN 28 2022
Office of the County Executive: <i>(Signature required when Board approved contract by a Delegation of Authority)</i>		Date:	
Signed and certified that a copy of this document has been delivered by electronic or other means to the President, Board of Supervisors.	Attest:  Tiffany Lennear Clerk of the Board of Supervisors <i>(Signature required when Board approved contract)</i>	Date:	JUN 28 2022

COUNTY OF SANTA CLARA - AMENDMENT TO SERVICE AGREEMENT

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Reason(s) for Amending the Service Agreement

Amend Term of Agreement

Or see Attachment _____ as incorporated by this reference

Amend Contract Specifics

Note: A new Agreement should be created if the Scope of Services is significantly modified or expanded.

Or see Attachment ^A _____ as incorporated by this reference

Amend Maximum Financial Obligation

A.	Maximum Financial Obligation prior to this Amendment: (Same as on page 1)	\$
B.	Amount of increase or decrease: (Explain below)	\$
C.	Revised Maximum Financial Obligation: (A +/- B will equal C)	\$

Explanation of increase / decrease (include new payment terms if applicable):

Or see Attachment _____ as incorporated by this reference

COUNTY OF SANTA CLARA - AMENDMENT TO SERVICE AGREEMENT**This is an amendment to an existing agreement** **Amend Standard Provisions**

Or see Attachment _____ as incorporated by this reference
 Or Section VI. Standard Provisions is replaced in its entirety by Attachment _____

 Other (please explain below)

Or see Attachment _____ as incorporated by this reference

Contract History

Total financial obligation from prior fiscal year(s):	\$ 502,839
Financial obligation in current fiscal year:	\$
Cumulative total of all agreements with this Contractor within Budget Unit for same type of services (including this amendment):	\$ 502,839

Insurance

Insurance does not require changes



Insurance Exhibit is replaced by Exhibit B _____ attached and incorporated by this reference.

Attachment A
Amend Section V: Contract Specifics
DreamPower Horsemanship – Gilroy Strong Resiliency Center – FY21-FY25

SECTION V: CONTRACT SPECIFICS

Section A (2) describing Contractor’s responsibilities shall be replaced in its entirety with:

2. Provide psychotherapy and psychoeducation services performed by a clinician (“clinical services”) on an as-needed basis. At Contractor’s discretion, clinical services may be performed solely by the Clinical Coordinator, by one or more licensed clinicians, or by a combination of Marriage and Family Therapist Interns and Associates, Master in Social Work Interns and Associates, Licensed Professional Counselors and Licensed Professional Clinical Counselor Interns and Associates – all of whom will be supervised by a licensed clinician as required by law. Clinical services will include all of the following:

Subsections (a)-(e) under Section A (2) describing Contractor’s responsibilities shall remain unchanged.

Section D (2) shall be replaced in its entirety with:

2. Contractor will be compensated for services rendered and/or expenses incurred in accordance with Attachment B, “Budget and Budget Narrative.”
 - a. The agreed-upon hourly rate for Clinical Coordinator services is \$42.85.
 - b. For the period of 7/1/2020 through 6/30/2022, the agreed-upon hourly rate for all clinical services, regardless of the clinician, is \$75.
 - c. Beginning 7/1/2022:
 - i. The agreed-upon hourly rate for clinical services performed by a Clinical Coordinator or by another licensed clinician is \$81.25.
 - ii. The agreed-upon hourly rate for clinical services performed by a supervised intern or associate is \$75.